

**VIRGINIA DEPARTMENT OF TRANSPORTATION  
MATERIALS DIVISION  
PIPE REHABILITATION WATER AND SOIL SAMPLING FORM**

**Contractor\Representative Name**

**Pipe Location**

County

VDOT Residency

Route number and distance to nearest intersection

Name of stream if applicable or known

**Date of Pipe Rehabilitation**

**Description of Pipe**

Length

Diameter

Type (i.e. concrete, corrugated steel)

**Conveyance conditions (Check conditions that apply)**

Water flow with wet weather only (seasonal) ☐

Water flows year round (perennial) ☐

Other conditions (describe)

**General water flow:** High ☐ Medium ☐ Low ☐

**Downstream conveyance:** Stream bed ☐ Earthen ditch ☐ Concrete ditch ☐

Subsurface stormwater drainage ☐ Other (describe)

**Sampling:**

Pre-installation

Water Sampling Date

Weather conditions at time of sampling

Post installation

Water Sampling Date

Weather conditions at time of sampling

**Hand Deliver, Mail, Fax, Or Email This Form Along With Laboratory Results And Chain Of Custody Form to the VDOT Project Engineer and:**

**Virginia Transportation Research Council: Environmental**  
**530 Edgemont Rd**  
**Charlottesville, VA 22903**  
**Fax: (434) 293-1990**  
**Email: [PipeRehabilitationReports@vdot.virginia.gov](mailto:PipeRehabilitationReports@vdot.virginia.gov)**